

| IN THE UNITED STATES PATE | ENT AND TRADEMARK OFFICE |
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| Applicant: STEPHEN DONOVAN |) Examiner: B. Fubara, (parent appl.) |
| Serial No.: Pending |) Group Art Unit: 1615 (parent appl.) |
| Filed: Herewith |) Confirmation No.: Pending |
| For: INTRAVITREAL BOTULINUM TOXIN IMPLANT |) Irvine, California)) |
| NON-PROVISIONAL PATENT APP | LICATION TRANSMITTAL LETTER |
| Mail Stop: Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450 | |
| Sir/Madam: | |
| Enclosed herewith are the following documents: | |
| () Drawings (-0- sheets) (x) Declaration/Power of Attorned (x) Assignment with Recordation () Information Disclosure State (x) Return/postage paid Postcard (x) Express Mail Certificate No. This application is a continuation in part of serial | n Cover Sheet ment with cited art l |
| which is a continuation of serial number 09/9 | 923,631, filed August 7, 2001, now U.S. patent number 09/587,250, filed June 2, 2000, now U.S. |
| Dated: January 6, 2004 | Stephen Donovan Registration No. 33,433 |
| I hereby certify that this Transmittal Letter and United States Postal Service on January 6, 2004 in an envelabel number EV193721345US with sufficient postage for E Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22 | above-identified documents are being deposited with the lope as "Express Mail Post Office To Addressee" mailing Express Mail addressed to Mail Stop: Patent Application, |
| | Susan Bartholomew Name of person mailing paper |
| Date:January 6, 2004 | Signature of person mailing paper |



NEW APPLICATION TRANSMITTAL FORM

To the Assistant Commissioner for Patents:

This is a Request for filing a NON-PROVISIONAL patent application under 37 CFR 1.53(b) entitled **INTRAVITREAL BOTULINUM TOXIN IMPLANT** by the following named inventor:

| 1 | Full Name of Inventor | Last Name: DONOVAN | First Name: STEPHEN | Middle Name: | | |
|---|------------------------------|----------------------|------------------------------|--------------------|-------------------------|--|
| | Residence and Citizenship | City: | State or Foreign Country: | Country Of Citizer | nship: | |
| | | Capistrano Beach | California | Canadian | | |
| | Post Office | Post Office Address: | City: | State or Country: | Zip Code: | |
| | Address | 27252 Calle Anejo | Capistrano Beach | CALIFORNIA | 92624 | |
| 2 | Full Name of Inventor | Last Name: | First Name: Middle Name: | | | |
| į | Residence and Citizenship | City: | State or Foreign Country: | Country Of Citizer | Country Of Citizenship: | |
| | Post Office Address | Post Office Address: | City: | State or Country: | Zip Code: | |

- (X) The Commissioner is hereby authorized to use Deposit Account Number 01-0885 for the payment of any extension fees incurred during the prosecution of this application.
- (X) Enclosed is a specification of 86 pages, 13 claims (3 pages) and an abstract (1 page).

Oath or Declaration

- (X) Enclosed is a fully executed oath or declaration.
- () Enclosed is an unsigned oath or declaration.
- (X) A self-addressed return postcard is enclosed for verification of receipt.
- (X) The filing fee is calculated below:

| FOR NUMBER FILED | NUMBER EXTRA | RATE | FEE |
|--|------------------|----------|-----------|
| Basic Fee (Large entity) | | \$770.00 | \$770.00 |
| Total Claims 13 minus 20 = | 0- | \$18.00 | \$0.00 |
| Independent Claims 4 minus 3 = | -1- | \$86.00 | \$86.00 |
| If application contains any multiple dependent claims, then add \$290.00\$ | | | 0.00 |
| | TOTAL FILING FEE | | \$856 .00 |

- (X) The Commissioner is hereby authorized to charge the filing fee and excess claim fees (including multiple dependent claim fee) as stated above to Deposit Account No. 01-0885. If this amount is incorrect, or for payment of any other fees that may be incurred as a result of this communication please use said Deposit Account. A duplicate copy of this sheet is enclosed for that purpose.
- (X) An Assignment with the Recordation Cover Sheet, bestowing all interest in this application to Allergan, Inc., is enclosed.
- () New drawing(s) are enclosed in -0- sheets.
- () A Statement Pursuant to 37 CFR §1.821(f) and a labeled diskette containing the computer readable sequence listing is enclosed.
- () A Statement Pursuant to 37 CFR §1.821(e), stating that the paper copy and the computer readable form are identical is filed herewith.
- () A properly labeled computer readable form of the Sequence Listing accompanies this Application.
- (X) The Power of Attorney in this application is to Stephen Donovan, Registration Number 33,433.
- (X) The Power of Attorney appears in the Combined Declaration and Power of Attorney, filed herewith.

Please address all future communications to:

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Irvine, CA 92612

Tel: 714-246-4026

Fax: 714-246-4249

Respectfully submitted,

Date: January 6, 2004

Stephen Donovan Registration No. 33,433 Attorney of Record